

## THE CLIENTS OF PROSTITUTES\*

BY

T. C. N. GIBBENS AND M. SILBERMAN

*Institute of Psychiatry, London*

During the many discussions which took place before the passage of the Street Offences Act, 1959, a small conference was called by the Rev. Dunstan, Secretary of the Church of England Moral Welfare Council, to consider what further inquiries were needed. It was pointed out, as on several other occasions, that much attention is paid to prostitutes, but very little to the nature of the demand for prostitution—the men who consort with them. With the cooperation of Dr. A. J. King and Dr. C. S. Nicol, to whom we are greatly indebted, and with the help of a grant from the Mental Health Research Fund, it has been possible to interview some 230 patients for a period of between 1 to 2 hours each.

There were great difficulties, of course, in obtaining a representative sample of clients, and we were forced to rely in the main on those who attended venereal disease clinics. At the same time about a dozen men who had long experience with prostitutes but had never had VD volunteered to give us information. This small group seemed more stable and well organized than the clients with VD, and it seems probable that, as one might expect, clients with VD, particularly those who had it more than once, tend to be more erratic, careless, and unstable than other promiscuous persons. Nevertheless, the VD cases are the ones which draw attention to themselves and are accessible to some sort of intervention, so they have a special relevance even if they are not necessarily fully representative.

At first no further selection of cases was made, but we found that coloured immigrants and some foreigners, although quite cooperative, were unable to give a clear and intelligible history, so the sample is therefore entirely composed of white Europeans, nearly all from the English-speaking world. It also became clear that it was not always possible to decide

quickly who had or had not been with a prostitute and, after a time, we deliberately included those patients who had been promiscuous but had never been with a prostitute, in order to examine what differences there were between these groups. Cooperation was in general very good, the men were mainly either lonely and frustrated individuals who welcomed the opportunity for a talk, or casual uninhibited people who had no resistance to discussing any topic. We tried to collect very comprehensive information about their experience of prostitutes, and their personal and social history; in about 20 per cent. this was incomplete because they were uncooperative or unreliable, or the interview was cut short.

We were ultimately left with a bewildering variety of histories and personalities, and it was difficult to organize the material in a meaningful way. This paper refers to some general characteristics—especially those which were commonly mentioned in relation to promiscuity, to some of the more clearly-defined varieties of history and personality and their possible origins, and finally to the attitudes of the patients themselves to venereal disease.

So far as their behaviour with prostitutes was concerned, the vast majority (85 per cent.) had picked up prostitutes in the street. A number would only associate with women in clubs or bars, but few had much experience of call girls. A number had been to brothels when abroad, and there was a noticeable tendency to prefer the brothel system. Many said that prostitutes should be driven off the streets and put in brothels. They thought that a greater degree of medical supervision could be exercised and the risk of spreading VD reduced.

Another important feature was that only 15 per cent. admitted going with the same prostitute on more than one occasion, or wanting to do so, even if they found someone particularly compatible.

\* Paper read at General Assembly of I.U.V.D.T. in London Oct. 14, 1959.

There was very little element of choice at all. One said that he would go with any girl, "even if she had a face like the back of a bus". And this sort of opinion was not infrequent. On the other hand they disliked going with "hard-faced" girls, or preferred the women to be older or motherly and with full figures. Those who went frequently with the same prostitute appeared to be at the extremes—either the more stable individuals who had never had VD or the possibly abnormal who were capable of a persistent fantasy relationship with a regular girl. Again only the same small proportion (15 per cent.) had any sort of friendly relationship and companionship with prostitutes; these were chiefly older men who had had a good relationship with some women in the past and would admit that some could be companionable.

The central problem in the supply of clients is whether this comes mainly from a large number of men who go to a prostitute very seldom or from a relatively small number of regulars. Kinsey found that in America some 65 per cent. of men went with a prostitute at some time, usually when young, but that the number who went more than a few times was quite small. These youthful "first-visit" cases were well represented in our group. What seems clear is that the general pattern of sexual behaviour is laid down quite rapidly by the time adolescence is reached. The majority of the men were between 20 and 40 years of age but over half of those who went with a prostitute at any time had done so first when they were under 20. But the proportion who visit prostitutes rises steadily with age; there were 41 VD patients who were over the age of 40 when seen; only three of them had had no experience of prostitution.

Marriage tends to be an added complication rather than a decisive factor in the lives of these men. About a third were married, but those who went with prostitutes during marriage had usually been before marriage, and this was true of those who were separated or divorced. Promiscuous men, whether they consorted with prostitutes or others, commonly reverted to this quite soon after marriage. Such marriages did not seem particularly unsatisfactory to the men themselves; the rate of divorce or separation was quite low. A half had some vague complaints about sexual difficulties, but these were not stressed and it was often mentioned that the marriage was a happy one. Their behaviour continued as if marriage made little difference and sometimes almost in spite of themselves. When maladjustment with a wife became worse the trouble tended to be non-specific and over a wide field and was perhaps due to inability to tolerate the

competition of children for affection. There was a tendency to resume contacts with prostitutes after the birth of the first child.

Among the varieties of client which we could recognize there were many which have been described before; but we felt that the explanations commonly offered tended to be too superficial and not to do justice to the real psychological complexity of the case. This is particularly true of the environmental explanations—that sailors, commercial travellers, lorry drivers, and members of other roving occupations have little opportunity for other sorts of sexual contact. It cannot be denied that these situations powerfully reinforce any inclinations in this direction, but what needs explaining is how these men came to choose those occupations and the relation of this choice to their personality.

Among the obvious varieties were first the experimental young men with little or no previous experience. When this occurs in the army and on foreign service there is often a communal element of not wishing to appear backward in comparison with one's comrades. This is less obvious in the increasing number of young men who go to Spain or France for their holidays with the deliberate intention of seeking the night life. When going abroad they leave many inhibitions behind; foreign girls always appear more exciting and promiscuous than those at home.

There were also a group of married men who went with prostitutes when away from home at conferences, conventions, and so on. They usually went in company with other men, and blamed drink for what they called "an odd slip up". They felt extremely guilty and claimed a loss of memory which was probably due rather to guilt than to the amount they had drunk. A desire to appear "good fellows" and typical members of their group was probably important.

Secondly, those with physical defects or deformities are said to find no other outlet for sexual activity. This was true in about 10 per cent. of our cases, but in our experience there were far fewer than the proportion who imagined that they possessed some deformity, who felt that no girl would look at them. This seemed to spring from a deeper sense of inadequacy and inferiority, as if they felt that they had nothing to offer a girl but money.

Sexual perversion was not common, perhaps because such cases do not so often contract VD, or because information on this subject is more difficult to elicit. But elements of sadism, masochism, and voyeurism were frequently present as incomplete perversions. Homosexual tendencies were more important, but it is doubtful if the proportion of 8 per cent. with adolescent experience and 4 per

cent. with adult experience is higher than in the general community. In these cases however, which were necessarily partly hetero- and partly homosexual, there was frequently a strong drive to promiscuous heterosexuality as a form of reassurance that they were normal. Difficulties with potency were fairly common; among the older age group a desire to prove their continued potency undoubtedly played a part.

The majority of the "clients" and also of the promiscuous who had no contact with prostitutes, were less clearly defined except in terms of personality, and it was in the relationship of general promiscuity to prostitution that we looked for some common explanations. In the whole series there were three groups. Those who had relations only with prostitutes, those who had been promiscuous with girl friends or pick-ups but not with prostitutes, and those who showed varying mixtures of both types of behaviour (over half the total). It was clear from examination of their history and style of life that the varieties of promiscuity are expressions of the total personality, and are also reflected in many other spheres of their lives.

Those who go only with prostitutes form perhaps the most distinct group. They include a fairly large group of inhibited, passive individuals in steady jobs, living at home with a mother whom they support. Frequently the father is dead or of little account with the mother and son because of his lack of interest or his weakness. The mother is a determined, dominating woman, often with good moral standards. The close relationship with the mother inhibits initiative and leads to the inability to combine tender and sexual emotions, which is so often the central problem. This attachment, however, is not free from ambivalence. The sons of these mothers are tied but resent the ties, and with prostitutes feel able to express their bitterness and resentment against women, but more often they associate with prostitutes because contacts with other women are experienced as a threat to their independence. Though they often stress their need for sympathy and understanding, their emotional conflicts about the problem of dependence-independence make it difficult for them to commit themselves to lasting attachments.

Others in this group belong to the roving occupations—sailors, etc.; they have perhaps been driven out by quarrels with the father, but carry the mother-relationship with them. Perhaps the main characteristic of these exclusive clients is passivity in their relations with women. The very nature of the relationship with a prostitute makes her the essen-

tially dominant figure in the contact. The clients seem to expect a sort of sexual mothering; however, they are regularly disappointed in this expectation and this may also be the reason why so few return a second time to the same prostitute. Their needs in this direction drive them on in a perpetual search for a prostitute who approximates to the requirement which permeates their fantasies and determines their choice. There was an almost universal complaint that English prostitutes were the worst in the world—cold, hard, and mercenary. The ideal, which some thought they had found abroad, is described as something like the Geisha girl, who sets out to please in every way, the client being the non-reciprocating receiver of sympathetic attention.

Those who go with pick-ups, prostitutes, and girl-friends indiscriminately are more active and self-assertive. They seek out girls in dance halls and cafes, but their relationships remain superficial and transient. As they grow older they are less attractive and have less initiative, so that they gravitate to prostitutes. They have little to offer and ask for little except sexual contact. In extreme cases they do not discriminate between girl-friends and prostitutes but will take either, resenting the fact that they have to pay the prostitute. The background of most of the men seen was more often than not a broken home and parental discord; these were found together in 60–65 per cent. of the clients of prostitutes and the promiscuous in general.

In such homes the lack of an adequate father, or the influence of an overtly aggressive and alcoholic father leads to a stronger dependence on the mother. She is apt to console herself in her relationship with her son, but also provokes considerable resentment by being the source of all discipline, control, and frustration. The son's relationship with girls is cut short because it threatens to release an unmanageable amount of aggressiveness and because the insecurity of his home life has made him mistrust all permanent relationships. This tendency to "move on" before he is disappointed is noticeable in every aspect of the life of such a man, whether in work, in friendship with men, or in criminal and antisocial careers.

Basic insecurity very often prevents such a man from achieving ends which necessitate sustained effort and the capacity to tolerate delays. He shows a strong tendency for immediate gratification and low tolerance of frustration. Consequently he has more often than not failed to obtain a really satisfying basis to his life, whether in the sphere of occupational achievement, personal relationships, or devotion to a cause which might give meaning to

life. The lack of these factors seemed to drive him to seek fulfilment and support in transitory satisfactions; it probably explains the frequent incidence of alcoholism, gambling, and perhaps also criminal activities. Listening to these men one became conscious of a gaping emptiness in their lives. They were often lonely in the sense of lacking friends and family, but those who had friends and families did not seem to derive the full benefit and satisfaction from them.

If, in the welter of mixed relationships which these histories reveal, we were to try to find some common features underlying the development of promiscuity, we might look at two aspects: first the conflict of dependence and independence in all the relations of these patients with women, starting with the mother, and secondly the lack of an adequate father-figure with whom they could identify themselves as they grew up. Most of the promiscuous men showed an impaired capacity for relationships based on love, but whereas some emphasized their need for this, others seemed to have adopted a conscious attitude of evasion and rejection of all commitments which they viewed as a threat. Contact with prostitutes appeared to them as a lesser evil. Quite a considerable number of these men also thought that the course of their life would have been different had they had a father in whom they could confide. The lack or inadequacy of identification with a father or father-substitute brought much instability into their life and led either to many inhibitions or at the other extreme to impulsive reactions. Whereas the inhibited group associated with prostitutes because it required least effort on their part, the impulsive group was temperamentally prevented from maintaining stable relationships. The lack of a father, who could set an example and who could be loved and respected at the same time, made many of these men prone to resent authority, and their choice of male associates showed a certain lack of discrimination so that they more often than not mixed with men who had similar problems, and whose example encouraged promiscuity.

The differences in personality were perhaps most sharply revealed in reactions to venereal disease. A sharp emotional reaction of anxiety and depression was, of course, quite common. In this one could detect several components—a sense of guilt for the act which caused it, a deeper sense of injury to the sexual apparatus which revived previous castration fears, and an injury to self-esteem—they felt they were associated with a dirty and filthy thing. There were also fears of infecting their wives and vague fears of future impotence and sterility. Many of

these intra-punitive men regarded VD as a just punishment for their sins, and were brought face to face with the significance of their promiscuity. At the other end of the scale, those with very shallow relationships, disturbed work records, and perhaps criminality, projected the blame on to the girls who gave it to them and were bitterly critical of those who spread it.

We were surprised to find, however, that nearly a third (30 per cent.) of all cases were not infected with venereal disease but were suffering from various fears and anxieties. About a third of these anxious cases had previously had VD, and so had some excuse for their fears. Some were hypochondriacal, had often had VD previously, and were constantly testing themselves and watching for a recurrence; after the last attack there had often been a prolonged period of abstinence, and such men were fairly readily reassured by the clinic doctors.

Others had much more bizarre reasons for believing themselves infected, could not be reassured, and felt that the doctors were deceiving them; a phobia of VD had sometimes persisted ever since adolescence when they had serious conflicts about masturbation. They were less integrated and less deterred from repeated exposure to infection, and their promiscuity persisted in spite of their phobias. In some, sudden phobias of VD seemed to act as a defence against the risk of marriage; previously, they had ready excuses to avoid marriage, but now could find none; they were able to break off the relationship because they felt sure they had VD.

The general level of nervous symptoms of some kind was high. They were found in nearly a half of all cases. Enuresis especially had persisted into adolescence in over 10 per cent.—a rather high figure. The most common history was of sharp childhood anxiety states and sometimes of recurrent anxiety and depression thereafter. We know so little about the general frequency of these symptoms however, that it is doubtful if mental symptoms were excessively high. Actual nervous breakdowns or suicidal attempts, etc., were found in only about 5 per cent., which may not be excessive.

If one were to try to draw any conclusions for future treatment from this study, one would stress the difference between the anxious and inhibited who need reassurance, and might well be in a receptive state for some sort of psychological intervention and help, and the restless, shallow and disorganized individuals who, though deeply disturbed, might be influenced only by firm restraints and constant persuasion. The high proportion of

cases who were actually not infected with VD may suggest that an experiment might be made in introducing psychiatric social workers among the staff.

### Summary

230 patients with V.D. mainly contracted from prostitutes were interviewed by a psychiatrist or psychiatric social worker. Only 15 per cent. admitted going with the same prostitute on more than one occasion, and only 15 per cent. spoke of any friendly relations with them. The majority of patients were between 20 and 40 years of age but, whether married or not, their first sexual contact had often been with a prostitute when young; failure of marital relations was incidental rather than causative. The usual social explanations for the frequency of sailors, lorry-drivers, and commercial travellers as prostitutes' clients still leaves unexplained their motive for choosing such professions. Those who went only with prostitutes tended to be passive men, often of good general character, living at home with a dominant mother and a father either dead or of no account. The promiscuous, or those who went indiscriminately with prostitutes and pickups, were more aggressive; they tended in later life to find pickups less easily; a high proportion had very unsatisfactory homes, their relationships were

often very shallow in all respects, and there was often a history of crime and/or a poor work record. Varieties of reactions to V.D. are discussed.

### Les clients des prostituées

#### Résumé

230 malades vénériens contaminées en grande partie par des prostituées ont eu une entrevue avec un psychiatre ou un assistant social psychiatrique. Quinze pour cent seulement reconnurent être allés avec la même prostituée plus d'une fois, et quinze pour cent seulement parlèrent de relations amicales avec elles. La majorité d'entre eux avaient entre 20 et 40 ans, mais, mariés ou non, leur premier contact sexuel avait souvent été avec une prostituée quand ils étaient jeunes; l'échec des relations maritales était accessoire plutôt que causatif. Les explications sociales habituelles au sujet de la fréquentation des prostituées par les marins, les routiers et les voyageurs de commerce n'expliquent toujours pas pourquoi ceux-ci avaient choisi de telles professions. Ceux qui n'allaient qu'avec des prostituées avaient tendance à être des hommes passifs, souvent de bon caractère général, vivant chez eux avec une mère dominatrice et un père ou bien mort ou sans importance. Les promiscus, ou ceux qui allaient sans distinction avec des prostituées ou des filles faciles, étaient plus agressifs; en vieillissant il leur était plus dur de trouver des filles faciles, leur vie familiale était souvent peu satisfaisante, leurs relations sociales superficielles à tous points de vue et ils avaient une histoire de crime ou de travail peu satisfaisant. On discute les variétés de réactions aux maladies vénériennes.